# **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

| /3 | 820 | 86 |
|----|-----|----|
|    |     |    |

### OMB APPROVAL

3235-0076 OMB Number:

Expires: April 30, 2008

Estimated average burden hours per response . . . 16.00

| SEC USE ONLY |        |  |  |  |  |
|--------------|--------|--|--|--|--|
| Prefix       | Serial |  |  |  |  |
|              | 1      |  |  |  |  |
| DATE RE      | CEIVED |  |  |  |  |
| 1            | 1      |  |  |  |  |

| Name of Offering (☐check if this is an ar Pacific Homes Investment Fund, LLC         | nendment and name has changed, and in      | ndicate change  | 2.)                      |   |
|--|--|-----------------|--------------------------|---|
| Filing Under (Check box(es) that apply):   | ☐ Rule 504 ☐ Rule 505 ☑                    | Rule 506        | Section 4(6)             | ULOE  |
| Type of Filing: New Filing   | dment                                      |                 |                          |   |
|  | A. BASIC IDENTIFICAT                       | TION DATA       |                          | A MARANA RANGO ANNA RANKA BANKA ANDAN HANKA ANNA 1881 |
| 1. Enter the information requested about t   | ne issuer                                  |                 |                          |   |
| Name of Issuer ( check if this is an amer<br>Pacific Homes Investment Fund, LLC      | ndment and name has changed, and indi      | cate change.)   |                          | 08082834  |
| Address of Executive Offices   | (Number and Street, City, Sta              | te, Zip Code)   | Telephone Numbe          |   |
| 101 N. Acacia Avenue, Malibu Suite, Sola   | nna Beach, CA 92075                        |                 | (858) 354-7819           | * · · · · · · · · · · · · · · · · · · ·               |
| Address of Principal Business Operations   | (Number and Street, City, St               | ate, Zip Code)  | Telephone Number (       | Including Area Code)                                  |
| (if different from Executive Offices)  |  |                 |                          |   |
| Brief Description of Business  |  |                 |                          |   |
| Pooled Investment vehicle  |  |                 |                          | B PROCESSED   |
| Type of Business Organization  |  |                 |                          |   |
| ☐ corporation  | ☐ limited partnership, already formed      | ĺ               | □ other (please specify) | HOV 2 8 2006  |
| ☐ business trust   | ☐ limited partnership, to be formed        |                 | Limited Liability Compa  | any THOMSON   |
| Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organizat | ion: (Enter two-letter U.S. Postal Service | e abbreviation  | for State:               | FINANCIAL Actual Estimated                            |
|  | CN for Canada; FN for other fo             | reign jurisdict | ion) CA                  |   |

# **GENERAL INSTRUCTIONS**

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Con-versely, failure to file the appropriate federal notice will not result in a loss of an available state exemp-tion unless such exemption is predictated on the filing of a federal notice.

### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers: and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Executive Officer General and/or ☐ Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) Cottingham Management Company, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 101 N. Acacia Avenue, Malibu Suite, Solana Beach, CA 92075 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Bick, Stephen Phillip Business or Residence Address (Number and Street, City, State, Zip Code) 101 N. Acacia Avenue, Malibu Suite, Solana Beach, CA 92075 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Willoughby, Michael Business or Residence Address (Number and Street, City, State, Zip Code) 101 N. Acacia Avenue, Malibu Suite, Solana Beach, CA 92075 Check Box(es) that Apply: Promoter □ Director ☐ Beneficial Owner ☐ Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Ganelin, William Richard Business or Residence Address (Number and Street, City, State, Zip Code) 101 N. Acacia Avenue, Malibu Suite, Solana Beach, CA 92075 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Business or Residence Address (Number and Street, City, State, Zip Code)

|                      |                                | · · · ·                       |                                 |                                      |                                  | B. INF                         | ORMA                         | TION A                          | ABOUT                               | OFFE                              | RING                           |                                |  |              |         |
|----------------------|--------------------------------|-------------------------------|---------------------------------|--------------------------------------|----------------------------------|--------------------------------|------------------------------|---------------------------------|-------------------------------------|-----------------------------------|--------------------------------|--------------------------------|--|--------------|---------|
| 1. Has               | the issu                       | er sold,                      | or does                         | the issu                             | ıer inten                        | ıd to sel                      | l, to nor                    | 1-accred                        | lited inv                           | estors in                         | ı this of                      | fering?                        |  | Yes          | No<br>⊠ |
|                      |                                |                               |                                 |                                      |                                  |                                |                              | dix, Col                        |                                     |                                   |                                | _                              |  | _            | _       |
| 2 Wh                 | at is the                      | minimu                        | m invec                         |                                      |                                  |                                |                              |                                 |                                     | •                                 | under o                        | LOL.                           |  | <b>\$</b> 50 | 000     |
| 2. WIII              | at is the                      | minim                         | III IIIVES                      | unient u                             | iat Will t                       | se accep                       | oled IIO                     | ili aliy il                     | iuividua                            | 11.                               |                                |                                |  |              | ,000    |
| 3. Doe               | s the of                       | fering p                      | ermit jo                        | int own                              | ership o                         | f a singl                      | le unit?                     |                                 |                                     |                                   |                                |                                |  | Yes<br>⊠     | No      |
| com<br>offer<br>and/ | mission<br>ring. If<br>or with | or sim<br>a person<br>a state | ilar ren<br>n to be<br>or state | uneration<br>listed is<br>s, list th | on for s<br>s an asse<br>ne name | olicitati<br>ociated<br>of the | ion of p<br>person<br>broker | ourchase<br>or agen<br>or deale | ers in co<br>at of a b<br>er. If mo | onnection<br>roker of<br>ore than | on with<br>r dealer<br>five (5 | sales of<br>register<br>person | or indirectly, any securities in the red with the SEC is to be listed are dealer only. |              |         |
| Full N               | ame (La                        | st name                       | first, if                       | individ                              | ual)                             | _                              |                              |                                 |                                     | -                                 |                                |                                |  |              |         |
| Busine               | ss or Re                       | esidence                      | Addres                          | ss (Num                              | ber and                          | Street,                        | City, St                     | ate, Zip                        | Code)                               |                                   |                                |                                |  |              |         |
| Name                 | of Asso                        | ciated B                      | roker o                         | r Dealer                             |                                  |                                |                              |                                 |                                     |                                   |                                |                                |  |              |         |
|                      | in Whic                        |                               |                                 |                                      |                                  |                                |                              |                                 |                                     |                                   |                                |                                |  | -            | -       |
| (Chec                | k "All<br>[ak]                 | States [AZ]                   | or ch<br>[AR]                   | ieck in<br>[Ca]                      | dividu<br>[CO]                   | al Stat                        | es)<br>[DE]                  | [DC]                            | [FL]                                |                                   |                                |                                | 🔲 A  | All States   |         |
| [IL]                 | [IN]                           | [IA]                          | [KS]                            | [KY]                                 | [LA]                             | [ME]                           | [MD]                         | [MA]                            | [MI]                                | [GA]<br>[MN]                      | [HI]<br>[MS]                   | [ID]<br>[MO]                   |  |              |         |
| [MT]<br>[RI]         | [NE]<br>[SC]                   | [NV]                          | [NH]<br>[TN]                    | [NJ]<br>[TX]                         | [NM]<br>[UT]                     | [NY]<br>[VT]                   | [NC]<br>[VA]                 | [ND]<br>[WA]                    | [OH]<br>[WV]                        | [OK]<br>[WI]                      | [OR]                           | [PA]<br>[PR]                   |  |              |         |
|                      | ame (La                        |                               | first, if                       | individ                              |                                  |                                |                              | •                               | -                                   |                                   |                                |                                |  |              |         |
| Busine               | ss or Re                       | esidence                      | Addres                          | ss (Num                              | ber and                          | Street,                        | City, St                     | ate, Zip                        | Code)                               |                                   |                                |                                | <del></del>  |              |         |
| Name                 | of Asso                        | ciated B                      | roker o                         | r Dealer                             |                                  |                                |                              | <del></del>                     |                                     |                                   | ····, <u>·</u>                 |                                | <del></del>  |              |         |
| States               | in Whic                        | h Perso:                      | n Listed                        | Has So                               | licited o                        | or Intend                      | ds to So                     | licit Pur                       | chasers                             |                                   | _                              |                                |  | <del></del>  |         |
| (Chec                | k "All                         | States                        | " or ch                         | ieck in                              |                                  | al Stat                        | es)                          |                                 |                                     |                                   |                                |                                | 🗖 A  | All States   |         |
| [AL]                 | [AK]<br>[IN]                   | [AZ]                          | [AR]                            | [CA]                                 | [CO]                             | [CT]                           | [DE]                         | [DC]                            | [FL]                                | [GA]                              | [HI]                           | [ID]                           |  |              |         |
| [IL]<br>[MT]         | [NE]                           | [IA]<br>[NV]                  | [KS]<br>[NH]                    | [KY]<br>[NJ]                         | [LA]<br>[NM]                     | [ME]<br>[NY]                   | [MD]<br>[NC]                 | [MA]<br>[DN]                    | [MI]                                | [MN]<br>[OK]                      | [MS]<br>[OR]                   | [MO]<br>[PA]                   |  |              |         |
| [RI]                 | [SC]                           | [SD]                          | [TN]                            | [TX]                                 | [UT]                             | [VT]                           | [VA]                         | [WA]                            | [WV]                                | [WI]                              | [WY]                           | [PR]                           |  |              |         |
| Full Na              | ame (La                        | st name                       | first, if                       | individ                              | ıal)                             |                                |                              |                                 |                                     |                                   |                                |                                |  |              |         |
| Busine               | ss or Re                       | sidence                       | Addres                          | s (Num                               | ber and                          | Street,                        | City, Sta                    | ate, Zip                        | Code)                               |                                   |                                |                                |  |              | ·· ··   |
| Name                 | of Assoc                       | ciated B                      | roker o                         | r Dealer                             |                                  |                                |                              |                                 |                                     |                                   | <u> </u>                       |                                |  |              |         |
| States               | in Whic                        | h Persoi                      | n Listed                        | Has So                               | licited o                        | r Intend                       | is to So                     | licit Pur                       | chasers                             |                                   |                                |                                | <u>-</u>   |              |         |
|                      |                                |                               |                                 |                                      |                                  |                                |                              |                                 |                                     |                                   |                                |                                | 🗆 A  | Il States    |         |
| [AL]                 | [AK]                           | [AZ]                          | [AR]                            | [CA]                                 | [CO]                             | [CT]                           | [DE]                         | [DC]                            | [FL]                                | [GA]                              | [HI]                           | [ID]                           | _  |              |         |
| (IL)<br>[MT]         | [IN]<br>[NE]                   | [IA]<br>[NV]                  | [KS]<br>[NH]                    | [KY]<br>[NJ]                         | [LA]<br>[NM]                     | [ME]<br>[NY]                   | [MD]<br>[NC]                 | [MA]<br>[ND]                    | [MI]                                | [MN]<br>[OK]                      | [MS]<br>[OR]                   | [MO]                           |  |              |         |
| [RI]                 | [SC]                           | [SD]                          | [TN]                            | [XT]                                 | [UT]                             | [VT]                           | [VA]                         | [WA]                            | [WV]                                | [WI]                              | [WY]                           | [PA]<br>[PR]                   |  |              |         |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |                     |   |
|--|---------------------|---|
| Type of Security   | Aggregate           | Amount Already                          |
|  | Offering Price      | Sold                                    |
| Debt   | \$                  | \$                                      |
| Equity   | \$                  | \$                                      |
| ☐ Common ☐ Preferred   |                     |   |
| Convertible Securities (including warrants)  | \$                  | \$                                      |
| Partnership Interests  | \$                  | \$                                      |
| Other (Specify Membership Interest )   | \$ 500,000,000      | \$2,950,549                             |
| Total  |                     | \$2,950,549                             |
| Answer also in Appendix, Column 3, if filing under ULOE.   |                     | *************************************** |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            | Norskar             | A                                       |
|  | Number<br>Investors | Aggregate Dollar Amount of Purchases    |
| Accredited Investors   | 26                  | \$ <u>2,950,549</u>                     |
| Non-accredited Investors   | 0                   | \$0                                     |
| Total (for filings under Rule 504 only)  |                     | \$                                      |
| Answer also in Appendix, Column 4, if filing under ULOE.   |                     |   |
| 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.   |                     |   |
| Type of offering   | Type of<br>Security | Dollar Amount<br>Sold                   |
| Rule 505   |                     | \$                                      |
| Regulation A   |                     | \$                                      |
| Rule 504   |                     | \$                                      |
| Total  |                     | \$                                      |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                     |   |
| Transfer Agent's Fees  |                     | \$                                      |
| Printing and Engraving Costs   | $\boxtimes$         | \$5,000                                 |
| Legal Fees   | $\boxtimes$         | \$ <u>15,000</u>                        |
| Accounting Fees  |                     | \$                                      |
| Engineering Fees   |                     | \$                                      |
| Sales Commissions (specify finders' fees separately)   |                     | \$                                      |
| Other Expenses (identify) Blue sky expenses  | ⊠                   | \$5,000                                 |
| Total  |                     | \$ 25,000                               |

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| must equal the adjusted gross proceeds to the issuer set forth in response to  | o Part C - Ques-   |          |   |                        |
|--|--------------------|----------|---|------------------------|
| tion 4.b above.  |                    | D        | ayments to<br>Officers,<br>birectors, &<br>Affiliates | & Payments To          |
| Salaries and fees  | 🗆                  | \$       | [   | <b>\$</b>              |
| Purchase of real estate  |                    | \$       | [   | □ \$                   |
| Purchase, rental or leasing and installation of machinery and equipment  |                    | \$       | [   | □ \$                   |
| Construction or leasing of plant buildings and facilities  |                    | \$       |   | <b>\$</b>              |
| Acquisition of other businesses (including the value of securities involv  | ed in this         |          |   |                        |
| offering that may be used in exchange for the assets or securities of another  | ther issuer        |          |   |                        |
| pursuant to a merger)  |                    | \$       | [   | <b>\$</b>              |
| Repayment of indebtedness  |                    | \$       |   | <b>\$</b>              |
| Working capital  |                    | \$       | [   | <b></b>                |
| Other (specify): Invest, reinvest and trade in securities  |                    | \$       | (   | <b>★</b> \$499,975,000 |
|  |                    | \$       | [   | □ \$                   |
| Column Totals  |                    | \$       | 0   | <b>■</b> \$499,975,000 |
| Total Payments Listed (column totals added)  |                    |          | ⊠ \$  | 499,975,000            |
| D. FEDERAL SIGNATU   | JRE                |          |   |                        |
| The issuer has duly caused this notice to be signed by the undersigned duly aut following signature constitutes an undertaking by the issuer to furnish to the I request of its staff, the information furnished by the issuer to any non-accredited | U.S. Securities an | d Exch   | ange Com  | mission, upon writte   |
| Issuer (Print or Type) Signature   |                    | <u>/</u> |   | ate                    |
| Pacific Homes Investment Fund, LLC   | 196.               |          |   | 10/22/06               |
| Name of Signer (Print or Type)  Title of Signer (I  Managing memb  Stephen P. Bick  Title of Signer (I  managing memb  | oer of Cottingham  | Manag    | gement Co   | ompany, LLC, its       |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Guy Cul

GEORGINA ARREOLA
Commission # 1650012
Notary Public - California San Diego County
My Comm. Expires Mar 7, 2010